

SERVICES OTHER THAN PERSONAL

Bu. Vou. No. # 2430

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No.

To

(Payee)

PAID BY

Encl #16  
DD-2422-59  
COPY / OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		* Costs				\$191.88	
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>				Use continuation sheet(s) if necessary			
Shipped from		to	Weight	Government B/L No.		Total	\$191.88
I certify that the above bill is correct and just and that payment has not been received.				(Payee must NOT use this space)			
(Sign original only)				Differences			
Date 3-21-59				Amount verified; correct for			\$191.88
Per [Redacted]				(Signature or initials) EL			
Contract No.		Req. No.		Date		Invoice Rec'd.	

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$

† (Authorized Certifying Officer)

By

SIGN  
ORIGINAL  
ONLY

Title

Title

Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

\* This was originally suspended on Inv. # 2388 by me DPA-1330-57  
dated 3/2/59.

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ (on Treasurer of the United States in favor of payee named above.)  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_ Payee \_\_\_\_\_  
(Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.  
† If the ability to certify and approve is not in the name of the person named above, the approving officer will sign on this line and the voucher will be approved by him, and over his official title.

Per

Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040114-6

STATOTHR

THE RAMO-WOOLDRIDGE CORPORATION  
FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DISTR

DATE

1/24/59

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No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT	
	Mo.	Day	Yr.				Mo.	Day					Med.	Int.	Sub.	Account	M.I.O.	S.O.		Work Order
66	01	22	9	9413	3860		02	09	585			1	50	25	00	00	12501	5046	01	18000 * 18000 ** 18000

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